

HS-18.05, "Sick Call and Dental Health," June 1, 2007

SCDC POLICY/PROCEDURE

NUMBER: HS-18.05

TITLE: SICK CALL AND DENTAL HEALTH

ISSUE DATE: June 1, 2007

RESPONSIBLE AUTHORITY: DIVISION DIRECTOR OF MEDICAL AND HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: HS-18.05 (January 1, 2005)

RELEVANT SCDC FORMS/SUPPLIES: M-19 A/B, M-122, M-137

ACA/CAC STANDARDS: 4-ACRS-4C-01, 4-ACRS-4C-11, 4-ACRS-4C-17, 3-4331, 3-4335, 3-4347, 3-4353

STATE/FEDERAL STATUTES: NONE

THIS POLICY/PROCEDURE IS NOT APPLICABLE TO EMERGENCY MEDICAL SITUATIONS. RATHER, THIS POLICY/PROCEDURE ADDRESSES ROUTINE SICK CALL/DENTAL CARE STANDARDS FOR THE AGENCY. LIFE THREATENING OR OTHER EMERGENCY MEDICAL SITUATIONS ARE ADDRESSED IN SCDC POLICY/PROCEDURE HS-18.02, "EMERGENCY CARE."

Note: See SCDC Policy/Procedure HS-18.17, "Medical Co-Payment," for information on the management of the inmate co-payment system for eligible medical and dental care provided to inmates.

THE LANGUAGE USED IN THIS POLICY/PROCEDURE DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS POLICY/PROCEDURE DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS POLICY/PROCEDURE, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

PURPOSE: To provide guidelines for unimpeded access to health care services for inmates with illness or injury and to provide a system for processing complaints regarding health care.

**POLICY STATEMENT:** Inmates will be afforded unimpeded access to health care services on a regular schedule of sick call in compliance with applicable ACA Standards. Each SCDC institution will provide all inmates access to health care services on a regular weekly schedule for non-emergency illness or injury. (4-ACRS-4C-01, 4-ACRS-4C-17, 3-4331, 3-4335, 3-4347, 3-4353)

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#### SPECIFIC PROCEDURES:

##### 1. ORIENTATION TO HEALTH CARE SERVICES:

1.1 It is the responsibility of the Health Care Authority (HCA) or designee to ensure that each inmate admitted to a correctional facility receives written and verbal instructions explaining the procedure for obtaining health care services. This information may vary based on the specific needs of each institution, but will include at a minimum:

- 1.1.1 Institutional sick calls schedule and sign-up process;
- 1.1.2 Dental sick calls schedule and sign-up process;
- 1.1.3 Pill line schedule; and
- 1.1.4 Process for obtaining emergency medical care.

1.2 The information will be given to the inmate upon arrival at the institution when his/her medical screen is completed. A more formal orientation including routine inmate procedures for addressing conflicts/grievances about alleged inadequacies in medical care and HIV education will be completed either with the above orientation or coordinated with the institution's regularly scheduled orientation program.

1.3 If the inmate does not speak English or is hearing impaired, visually impaired, or illiterate, arrangements will be made on an individual basis to provide explanations and/or written instructions in a language that s/he can understand. (4-ACRS-4C-01, 3-4331)

2. SCHEDULING SICK CALL: A sick call schedule will be coordinated by the HCA and respective Warden and will then be submitted by the HCA to the Director of Nursing for approval. Sick call will be as follows:

2.1.1 Facilities with fewer than 100 inmates - one (1) day per week minimum;

2.1.2 Facilities with 100-300 inmates - three (3) days per week minimum; and

2.1.3 Facilities with more than 300 inmates - four (4) days per week minimum.

(NOTE: At those institutions which are adult community residential settings [work release or pre-release centers], the sick call schedule will be determined by the HCA to meet the needs of the population who are on inmate labor crews and whose health care is totally the responsibility of SCDC. Those inmates will be transported to the covering institution for sick call. This will be coordinated by the HCA at the covering institution and the Health Trained Staff member at the affected institution.) (4-ACRS-4C-01, 3-4353)

2.2 At the institutions with inmates assigned to the Prison Industries Enhancement (PIE) program, the HCA will make every effort to coordinate sick call times with the Warden and the PIE manager to minimize inmate call-outs/absences, which would result in the loss of productivity. If the sick call times cannot be agreed upon by the HCA, Warden, and PIE Manager, the HCA will notify the Director of Health Services/Designee who will coordinate with the Director of Operations and the Director of Program and Services to resolve the issue.

2.3 At institutions with other special programs (YOA, Shock, Addictions Treatment Unit, Reception and Evaluation, etc.), the institutional and medical staffs will work together to facilitate involved inmates' access to sick call.

3. SICK CALL STAFF:3.1 Trained medical staff members (e.g., nurse assistants or patient care assistants) will work under the supervision of the licensed medical staff.

3.2 Licensed Practical Nurses (LPNs) will work under the supervision and direction of Registered Nurses (RNs). RNs and LPNs will evaluate and treat inmates in an outpatient setting according to Standing Medical Orders approved by the Medical Director. If care is needed beyond the constraints of his/her license, the nurse will refer that problem to the physician or nurse practitioner assigned to the institution.

3.3 Nurse practitioners may practice within the limits of applicable laws and regulations and standing medical orders.

3.4 The institutional physician is the inmate's primary care physician and the gatekeeper for all inmate medical services within the institution or beyond the resources of the institution.

4. STANDING MEDICAL ORDERS: Standing Medical Orders, developed within the guidelines of applicable state laws, will be used by licensed nurses to provide guidelines for the treatment of specified medical problems.

4.1 The Medical Director will be the chairperson for the Standing Medical Orders committee. The committee, composed of two (2) registered nurses and two (2) physicians (both the nurses and the doctors should routinely provide direct inmate health care services) will be appointed by the chairperson with the concurrence of the Director Of Health Services. The committee will review and approve the Standing Medical Orders at a yearly meeting. A new cover sheet, along with a memorandum denoting any changes, signed by the Medical Director will be issued to each clinic annually. Should changes need to be made before the yearly meeting, the Medical Director may call a special meeting.

4.2 Any medical complaint not covered by standing medical orders will be referred to the appropriate SCDC practitioner.

4.3 Nurses will be oriented to and will have annual reviews on the use and documentation of standing medical orders. They will sign and date the new cover sheet to document this review.

4.4 For procedures regarding the accountability of standing order medications, see SCDC Policy/Procedure HS-18.16, "Pharmaceuticals."

4.5 Standing Medical Orders may not be used for treating patients in the SCDC infirmary setting or at the Gilliam Psychiatric Hospital. Only direct verbal or written orders may be used in inpatient settings. Direct verbal orders must be documented in the inmate's medical record.

4.6 Refer to Medical Directive 300.A-16, "Standing Medical Orders," for further details regarding the use of standing medical orders. (4-ACRS-4C-17, 3-4335)

5. SICK CALL SIGN-UP PROCESS: No member of the correctional staff will be allowed to approve or disapprove requests for attendance at sick call. Each institution will allow the inmates unimpeded access to sign up for sick call. (4-ACRS-4C-01, 3-4331)

#### 5.1 General Population:

5.1.1 Sign Up: Inmates will sign up for sick call on SCDC Supply M-137, "Sick Call/Dental Sign-up Roster" or SCDC Form 19-11, "Inmate Request to Staff." The forms that are used will be located in a place determined by the Health Care Authority (HCA) and Warden. The period for sick call sign-up will be no longer than 30 minutes. At the conclusion of the sign-up time the SCDC forms will be taken to medical.

5.1.2 Notification/Reporting Requirements: Sick call will start at a specified time. The HCA and the institutional administration will coordinate which living areas can be called to sick call together and the order and number in which they will be called. Consideration will be given to inmate work/program schedules and to institutional controlled movement schedules. A system will be developed to notify each unit when it is time to report to sick call. Inmates will have a specified time period to report to medical to be seen on sick call. Those arriving after the time period will not be seen and will need to sign-up again if they still need to be seen.

5.1.3 No-Shows/Inappropriate Behavior: Inmates who do not show up for sick call or who voluntarily leave the waiting area will not be seen by the medical staff barring extenuating circumstances. An inmate who displays inappropriate behavior will be escorted from the medical area. These actions will be documented in the medical record, accordingly. Medical staff may charge the inmate if the behavior warrants (see SCDC Policy/Procedure OP-22.14, "Inmate Disciplinary System," for more information).

5.1.4 While sick call is being conducted, a copy of that day's SCDC Supply M-137, "Sick Call/Dental Sign-Up Roster," will be maintained in the dorms and/or institutional operations office. Any work supervisor needing to verify that an inmate is on a sick call list must check with either the dorm officer or institutional operations office, as appropriate.

5.1.5 The HCA/designee will maintain SCDC Supply M-137, "Sick call/Dental Sign-Up Roster," on file in the medical office of the institution for at least three (3) years.

5.2 Special Management Units (SMU), Maximum Security Unit (MSU), Close Custody, Safekeeper Unit, and Death Row:

5.2.1 If an inmate's custody status or other legitimate circumstance precludes attendance at sick call, arrangements will be made to provide sick call services in the place of the inmate's detention. (3-4353)

5.2.2 Security staff will distribute SCDC Form 19-11, "Request to Staff Member," to those inmates who request them; collect the completed forms from the inmates daily to give to the medical staff during the sick call sign up time; and bring to the attention of the medical staff any medical issues of which they have become aware.

5.2.3 Medical staff will collect the forms, on scheduled days. Medical staff will sign and date the 19-11. If an inmate is unable to fill out a request on his/her own, then a medical staff member will provide him/her assistance in completing the 19-11. If, while collecting the requests/distributing medication, the medical staff member determines that an inmate is in need of immediate/urgent attention, s/he will make the appropriate referral.

5.2.4 Medical staff will examine the 19-11s within 48 hours and schedule the inmate sick call appointment. Some requests may simply require an answer/disposition to an inmate's question. (NOTE: Written answer/instruction to the inmate will not take the place of examining and appropriately assessing the inmate for his/her complaints of illness/injury.)

5.2.5 Medical staff will return the 19-11 to the inmate with his/her appointment time and/or written instructions.

5.2.6 A copy of the SCDC Form 19-11, "Request to Staff Member," will be retained on file in the institutional medical office for at least three (3) years.

6. DOCUMENTATION: Each visit or "no show" will be recorded in the inmate's permanent (hard copy or automated) medical record. If an inmate develops a pattern of "no-shows," the medical staff, in conjunction with Operations staff, will initiate appropriate disciplinary action pursuant to SCDC Policy/Procedure OP-22.14, "Inmate Disciplinary System." All completed SCDC Supply M-137s, "Sick Call/Dental Sign-Up Roster," and/or SCDC Form 19-11s, "Request to Staff Member," will be filed in the institutional medical office for at least three (3) years.

## 7. CONDUCTING SICK CALL:

7.1 Physician/Practitioner Referrals: When a nurse assesses an inmate and determines that the care required is beyond his/her scope of practice, the nurse must schedule the inmate for an appointment with the nurse practitioner/physician.

7.2 Mental Health Referrals: If the physician/nurse or nurse practitioner determines that a mental health assessment or counseling is indicated, s/he will refer the inmate to the institutional Mental Health staff using SCDC M-122, "Referral/Action Taken Form" or enter a medical encounter code in the CRT and refer it to the Clinical Correctional Counselor for closure.

7.3 Unresolved Health Complaints: If an inmate reports to sick call with the same unresolved complaint and has not been seen by a nurse practitioner, the nurse should consult with the physician or nurse practitioner.

7.4 Emergency Procedures: The institutional medical office will be expected to accommodate emergencies that require immediate attention (e.g., acute illness, injury, etc.). See SCDC Policy/Procedure HS-18.02, "Emergency Care," for more information. When an inmate receives emergency care, the nurse who screens the inmate should only address the emergency condition; other health problems of a non-emergency nature should be referred to sick call.

8. SYSTEM FOR PROCESSING COMPLAINTS: Inmates will be encouraged to work out problems about alleged inadequate health care with the institutional medical staff. If an inmate is unable to resolve complaints at the institutional level, s/he may utilize the Inmate Grievance System. (See SCDC Policy/Procedure GA-01.12, "Inmate Grievance System," for more information.) (4-ACRS-4C-01, 3-4331)

#### 9. DENTAL CARE AT INSTITUTIONS WITH IN-HOUSE DENTAL CLINICS:

9.1 Routine Dental Care: (NOTE: There will be no routine dental care for R&E inmates. Those inmates will be afforded routine care when they reach the assigned institutions.) Inmates will request dental services using SCDC Form 19-11, "Request to Staff Member" or M-137, "Sick Call and Dental Sign-Up Roster," noting the general type of dental treatment requested. The forms will be located in a place determined by the Warden and the HCA (3-4347)

9.2 Requests are not filed in the medical record, but will be maintained by the dental office for at least three (3) years.

9.3 The dentist, in cooperation with the HCA and Warden, will determine how the requests are turned in to the dental office (e.g., drop box, in-house mail, inmate brings to dental, nurse or dental assistant picks up from SMU or max unit, etc.). The dental staff will indicate the date that the request was received on each form.

9.4 The dental clinic will triage the requests daily and will schedule according to available appointments.

9.5 The next day's list of inmates scheduled for routine appointments will be made out and distributed to the dorms so that institutional Operations staff will be able to arrange the necessary escort/controlled movement.

9.6 If routine appointments are backlogged beyond two (2) months, the dental staff will notify the Dental Director for a resolution of the backlog situation.

9.7 Urgent and Emergent Dental Care: Each clinic will establish a daily time to handle urgent problems (normally referred to as "Dental Sick Call"). Those inmates who need to be seen will sign up on SCDC Supply M-137, "Sick Call and Dental Sign-Up Roster," for urgent dental care and will be evaluated as soon

as it can be arranged by the dental staff. True dental emergencies will be seen at any time. After hours, dental emergencies must be referred immediately to the on-call physician.

#### 10. DENTAL CARE AT INSTITUTIONS WITHOUT IN-HOUSE DENTAL CLINICS:

10.1 Routine Dental Care: Inmates will request routine dental care by filling out a SCDC Form 19-11, "Request to Staff Member," noting on the request the routine care requested.

10.2 Scheduling Appointments: A system will be developed between that institution's medical staff and the covering institution's dental staff as to how the requests are triaged and appointments scheduled. The appointments will be entered into the CRT as appropriate so that transportation can be arranged for the appointments. (4-ACRS-4C-11, 3-4347)

10.3 If routine appointments are backlogged beyond two (2) months, the dental staff will notify the Dental Director for a resolution of the backlog situation.

10.4 SCDC Form 19-11, "Request to Staff Member," will be maintained by the dental office for at least three (3) years.

10.5 Urgent and Emergency Dental Care: During the hours that the medical staff is on duty, the inmate will be referred to medical for evaluation and referral to the covering dental clinic or treatment by Standing Medical Order. (This may be through medical sick call.) If medical staff is not on duty, the Shift Supervisor will call the dental clinic (or the medical clinic if after dental hours) at the covering institution for a decision on how to manage the situation. True dental emergencies must be referred immediately to the dental clinic or on-call physician for evaluation and treatment.

11. FREQUENCY OF DENTAL APPOINTMENTS: Once an inmate has been evaluated/treated and if further treatment is needed, the dentist may give him/her another appointment or allow the inmate to request another appointment using SCDC Form 19-11, "Request to Staff Member." Frequency of appointments for routine care is at the discretion of the institutional dentist, as determined by the workload. Inmates arriving late for appointments will not be seen unless there are extenuating circumstances. Late arrivals and "no shows" for routine care appointments may sign up again after four (4) weeks for a new appointment.

#### 12. DENTAL RECORDS/SERVICES:

12.1 Medical records will be sent with the inmates for all dental appointments. Legitimate emergencies, however, will be seen regardless of whether the chart was sent with the inmate. Dental assessment and treatment will be documented in the AMR and on SCDC Supply M-19 A/B, "Dental Health Records," using the approved format (SOAP). "No shows" will be documented in narrative form in the AMR and on SCDC Supply M-19 A/B, "Dental Health Records." Inmates showing a pattern of "no shows" or being late for appointments may be charged in accordance with Procedure 6., above.

12.2 For information on the scope of dental services offered, refer to SCDC Policy/Procedure HS-18.13, "Health Screening and Exams."

#### 13. DEFINITIONS:

Dental Emergency refers to a traumatic injury/fracture of the facial bones or teeth, uncontrolled bleeding in the oral cavity, and infections not treated by or not responsive to antibiotic therapy. A true dental emergency (e.g., fractured jaw), especially if it occurs after hours, usually will require that the patient be transported to

a hospital emergency department for care.

Dental Sick Call refers to a time established daily by each clinic to handle urgent dental problems.

Routine Dental Care refers to dental procedures such as fillings, cleaning, extraction, and evaluation for prosthetics.

Urgent Dental Care refers to conditions such as toothaches, abscesses, post-extraction complications, and broken teeth. These may be very painful, but they seldom constitute an emergency. Urgent conditions should be handled during dental sick call by a dentist or after hours by a nurse or physician extender with a physician on-call to prescribe medication as needed. Urgent dental conditions should be seen at the next scheduled dental sick call.

Gatekeeper refers to the institutional physician who refers an inmate to health care within or outside the institution.

Health Care Authority (HCA) refers to the individual with the authority and responsibility for arranging all levels of inmate health care at the institutional level, including Health Services employee management, pursuant to a written job description.

Health Trained Staff Member refers to an institutional staff member who has been trained by the HCA or designee to coordinate the health delivery services at institutions without full-time medical staff.

Infirmery refers to an inpatient area within an institution that provides services for inmates admitted for acute or skilled nursing care.

Practitioner refers to an individual who is engaged in the practice, of medicine, i.e., physician, nurse practitioner, physician assistant, and dentist.

Sick Call refers to a system through which an inmate reports and receives individualized and appropriate medical services for non-emergency illness or injury, to include non-emergency mental health complaints and requests to see counselors. (4-ACRS-4C-01, 3-4353)

Standing Medical Orders refer to orders written for the on-site definitive treatment, routine or emergency, of any inmate having an identified condition. (4-ACRS-4C-17, 3-4335)

Trained Medical Staff refers to Health Services employees who have been trained in duties that will assist the licensed medical staff during sick call. (Examples would be nurse assistants and patient care assistants.)

SIGNATURE ON FILE



—  
Jon E. Ozmint, Director

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